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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Cochise</u>				BUREAU OF VITAL STATISTICS		State Index - - - No. <u>16</u>	
District <u>Tombstone</u>				ORIGINAL CERTIFICATE OF DEATH		County Registrar's - No. <u>566</u>	
Town or City <u>Gleeson</u>				No. _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street number)							
2. FULL NAME <u>Cornelia Morales</u>							
(a) Residence. No. <u>Gleeson</u> St. <u>Amy</u> Ward _____							
(Usual place of abode)							
Length of residence in city or town where death occurred <u>6</u> yrs. <u>6</u> mos. <u>7</u> ds.						How long in U. S. if of foreign birth? <u>8</u> yrs. <u>6</u> mos. <u>7</u> ds.	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED		16. DATE OF DEATH (month, day and year)			
<u>Female</u>	<u>Mexican</u>	<u>Widow</u>		<u>December 7, 1924</u>			
5a. If married, widowed, or divorced				17. I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of _____				<u>Nov 23</u> , 19 <u>24</u> to <u>Nov 30</u> , 19 <u>24</u>			
(or) WIFE of <u>José A. Amarielus</u>				that I last saw <u>her</u> alive on <u>Nov 30</u> , 19 <u>24</u>			
6. DATE OF BIRTH (month, day and year) <u>1871</u>				and that death occurred, on the date stated above, at <u>1:30 P. M.</u>			
7. AGE	Years	Months	Days	The CAUSE OF DEATH* was as follows:			
<u>53</u>	<u>2</u>	<u>21</u>	IF LESS than 1 day _____ hrs. or _____ min.	<u>Chronic Interstitial Nephritis</u>			
8. OCCUPATION OF DECEASED				CONTRIBUTOR _____			
(a) Trade, profession, or particular kind of work <u>Cocinera</u>				(duration) <u>2</u> yrs. _____ mos. _____ ds.			
(b) General nature of industry, business or establishment in which employed (or employer)				(duration) <u>2</u> yrs. <u>1</u> mos. <u>7</u> ds.			
(c) Name of employer				18. Where was disease contracted if not at place of death? <u>Arizona</u>			
9. BIRTHPLACE (city or town) (State or country) <u>Alamos Sonora</u>				Did an operation precede death? <u>No</u> Date of _____			
10. NAME OF FATHER <u>Sesario Barriga</u>				Was there an autopsy? <u>No</u>			
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Alamos Sonora</u>				What test confirmed diagnosis? <u>Clinical</u>			
12. MAIDEN NAME OF MOTHER <u>Bernarda Morales</u>				(Signed) <u>Dr. J. M. Hughes</u> M. D.			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Sanora</u>				Dec. 7, 1924 (Address) <u>Tombstone, Ari</u>			
14. Informant (Address) <u>John J. Hughes</u>				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
15. Filed <u>1-7</u> 1924 <u>Ariz.</u> Local Registrar.				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Gleeson</u>			
V. S. No. 1				20. UNDERTAKER <u>Family &amp;</u>			
				DATE OF BURIAL <u>Dec 8, 1924</u>			
				ADDRESS _____			